

## MEMORANDUM

**TO:** Kentucky Certified Microbiology Laboratories

**FROM:** Tiffany Nolan  
Microbiology Certification Officer  
Kentucky Laboratory Certification Program

**RE:** PRE-AUDIT QUESTIONNAIRE

The **Pre-Audit Questionnaire** must be completed and returned 10-14 days prior to your laboratory's scheduled on-site audit, unless a date is specified. Please send the hard copy or electronic copy of each document to the following:

Tiffany Nolan / Laboratory Certification Section  
200 Fair Oaks Lane, 4<sup>th</sup> Floor  
Frankfort, KY 40601

[Tiffany.Nolan@ky.gov](mailto:Tiffany.Nolan@ky.gov)

The Pre-Audit Questionnaire includes (Micro PAQ Rev 2014):

1. General Laboratory Information
2. Laboratory Sample Load
3. Methods Performed
4. Sample Audit Forms
5. Checklist for QC Items submitted to Auditor

Please fill out the **Pre-Audit Questionnaire** (Micro PAQ Rev 2014). In regard to the sample audit, two samples must be audited per method certified. A Total Coliform or *E. coli* positive sample must be included as one or both of the samples, providing a TC+ or EC+ routine compliance sample (or special) was detected since the last on-site audit.

Please include supporting documents for each of the samples audited. Also, include copies of Supply Log, QC Log, PT Studies, Trace Metals & BST Test, Thermometer Calibration, and any other certificates received during the past 12 months.

A copy of any significant changes in your SOPs/QA Manual must be sent to my attention 10-14 days prior to your scheduled audit. In addition, include a copy of your laboratory supply receipt log along with documentation of the supplies that were received by the laboratory.

Thank you for your cooperation during the audit process.



REV: 11.18.2014

**COMMONWEALTH OF KENTUCKY  
DIVISION OF WATER  
MICROBIOLOGY LABORATORY CERTIFICATION  
General Laboratory Information**

<b>Laboratory</b>				<b>Lab Number</b>	
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Phone Number</b>			<b>Fax Number</b>		
<b>Email</b>					
<b>Date</b>					

**Person/s to contact if questions occur:**

<b><u>Name</u></b>	<b><u>Phone Number</u></b>	<b><u>For Section</u></b>
1.		Microbiology
2.		QA/Data Reporting

<b>PT Study Provider</b>		<b>Study #</b>		<b>Date Performed</b>	
<b>Trace Metals Provider</b>				<b>Date Performed</b>	
<b>Bacteriological Suitability Provider</b>				<b>Date Performed</b>	
<b><u>Inhibitory Residue Test</u></b> <b>Name of Detergent:</b>				<b>Date Performed</b>	
<b>Total Coliform Method</b>		<b>HPC Method</b>		<b>LT2 Method</b>	

## General Laboratory Information

<b>Laboratory</b>		<b>Lab Number</b>		<b>Date</b>	
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### Personnel

Position	Name	Time-in Present Position	Academic Background	Prior Experience	Training Folder on File	CEU's
<b>Laboratory Director</b>			Degree: Institution:  Microbiology Course:	Title:  Company:  Years:		
<b>Supervisor/Manager</b>			Degree: Institution:  Microbiology Course:	Title:  Company:  Years:		
<b>Microbiologist</b>			Degree: Institution:  Microbiology Course	Title:  Company:  Years:		
<b>Technician/Analyst</b>			Degree: Institution:  Microbiology Course	Title:  Company:  Years:		
<b>Consultant</b>						

	<u>Name of Analyst</u>	<u>PT Sample</u>	<u>Blind</u>	<u>Split Sample</u>
1.				
2.				
3.				
4.				
5.				

### Laboratory Sample Load

<b>Laboratory</b>		<b>Lab Number</b>		<b>Date</b>	
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<b><u>Sample type analyzed</u></b>		<b><u>Number analyzed/year*</u></b>
<b>Drinking water (Public)</b>		
<b>Drinking water (private)</b>		
<b>Wastewater</b>		
<b>Surface (raw)</b>		
<b>Other</b>		
<b>Total samples analyzed</b>	<b>Dates</b>	

**Comments:**

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**\*Number of samples analyzed since last audit.**

## Methods Performed

Laboratory		Lab Number		Date	
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### USEPA APPROVED MICROBIOLOGICAL METHODS

#### A. DRINKING WATER

5.0 Analytical Methodology (Please check methods for which certification is requested)

5.4 **Membrane Filter (MF) (SM9222B)** \_\_\_\_\_

5.4.2.1.1 mEndo \_\_\_\_\_

5.4.2.1.2 mColiBlue24 \_\_\_\_\_

5.4.2.1.3 MI Medium \_\_\_\_\_

5.4.2.1.4 Chromocult \_\_\_\_\_

5.4.2.1.5 Coliscan \_\_\_\_\_

5.3 **Enzyme (Chromogenic/Fluorogenic) Substrate Tests (SM 9223B)** \_\_\_\_\_

5.3.2.1 Colilert  
1. P/A \_\_\_\_\_  
2. MPN \_\_\_\_\_

Colilert-18  
1. P/A \_\_\_\_\_  
2. MPN \_\_\_\_\_

5.3.2.2 Colisure  
1. P/A \_\_\_\_\_  
2. MPN \_\_\_\_\_

5.3.2.4 ReadyCult Coliforms 100 \_\_\_\_\_

Escherchia coli \_\_\_\_\_

5.3.3 EC/MUG (SM 9221F) \_\_\_\_\_

5.4.3 NA/MUG (SM 9222G) \_\_\_\_\_

Heterotrophic Plate Count \_\_\_\_\_

5.5.1 Pour Plate (SM9215B) \_\_\_\_\_

5.5.10 SimPlate (40 CFR 141.74(a)(1)) \_\_\_\_\_

B. **LT2-ESWTR (40 CFR PART 141.74, TABLE IV, J-1)** \_\_\_\_\_

5.3.2.1 Colilert MPN \_\_\_\_\_

Colilert-18 MPN \_\_\_\_\_

5.4.2.1.3 MI Agar \_\_\_\_\_

5.4.2.1.2 mColiBlue 24 Agar \_\_\_\_\_

5.4.3.1 mFC/NA-MUG \_\_\_\_\_

**C. AMBIENT WATER (40 CFR 136.3, TABLE I.H, pg. 33)**

- 5.3.2.1 Colilert MPN \_\_\_\_\_
- Colilert-18 MPN \_\_\_\_\_
- 5.4.2.1.3 MI Agar \_\_\_\_\_
- 5.4.2.1.1 mEndo/NA-MUG \_\_\_\_\_
- 5.4.2.1.2 mColiBlue 24 \_\_\_\_\_

**D. GROUND WATER (40 CFR 141.402(c) , Table IV.1, and 40 CFR 141.216)**

- 5.3.2.1 Colilert  
1. P/A \_\_\_\_\_  
2. MPN \_\_\_\_\_
- Colilert-18  
1. P/A \_\_\_\_\_  
2. MPN \_\_\_\_\_
- 5.3.3.2 Colisure \_\_\_\_\_
- 5.4.2.1.3 MI Agar \_\_\_\_\_
- 5.4.2.1.2 mColiBlue 24 \_\_\_\_\_

## Pre-Visit Information

### I. General Laboratory Equipment

Item	# of Units	Make, Model, Serial # & Date Placed in Service	Age	Condition/Performance
Autoclave				
Autoclave Maximum Registering Thermometer				
Waterbath Incubator $44.5 \pm 0.2^{\circ}\text{C}$				
$44.5 \pm 0.2^{\circ}\text{C}$ Thermometer				
Water-Jacketed Incubator $35 \pm 0.5^{\circ}\text{C}$				
$35 \pm 0.5^{\circ}\text{C}$ Thermometers Top Middle Bottom				
Balance, Pan				
Balance, Analytical				
Conductivity Meter				
Microscope, Compound				
Microscope, Stereo				
Spectrophotometer/Colorimeter				
Hot Plate				
Hot Plate, Stirrer				
Hot Air Sterilizing Oven				
Biological Safety Cabinet				
Glassware Washer				
Automatic Pipette/Micropipette				
Refrigerator $1-5^{\circ}\text{C}$				
$1 - 5^{\circ}\text{C}$ Thermometer				
Colony Counter				
pH Meter				
Membrane Filtration Manifold				
Shortwave UV Lamp/Box (254nm)				
Shortwave UV Meter				
Longwave UV Lamp (6 watt, 365nm)				
Longwave UV Meter				
Colilert Sealer				
Reference Thermometer Provider & Date Last Certified				
Reference Weights (ASTM 1, 2, 3) Provider & Date Last Certified				
Other:				

## Pre-Visit Information

### II. Laboratory Services and Space

ITEM	*	SATISFACTORY		COMMENTS (Where Applicable cite system, Problems experienced)	
		YES	NO		
Distilled Water				Still Manf.	Age
Deionized Water				System Manf.	Age
Reverse Osmosis				System Manf.	Age
Vacuum					
Lighting					
Air Conditioning					
Biohazard Hood (Laminar Flow)				System Manf.	Age
Hood (Other)					
Glass-Washing Area					
Office Space (Cite sq.ft./person)					
Laboratory Space (Cite sq.ft./person)					
In-Laboratory Storage/Supplies (Shelves, cabinets)					
Bench Space (Cite linear ft./person)					
Storage Space (Cite Total sq.ft.)					
Other					

\*Available

**Pre-Visit Information**

**VENDORS OF SUPPLIES/SERVICE CONTRACTS**

**SUPPLIES**

**VENDOR/ADDRESS**

**CONTACT PERSON**

**TEL.#**

1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**SERVICE**

**VENDOR/ADDRESS**

**CONTACT PERSON**

**TEL.#**

BALANCE			
AUTOCLAVE			
REFERENCE WEIGHTS			
REFERENCE THERMOMETER			
pH METER			
CONDUCTIVITY METER			
INCUBATOR			

**SAMPLE #1**  
**SAMPLE AUDIT**

<b>Laboratory</b>		<b>Lab Number</b>	
<b>Date</b>		<b>Analyst</b>	

Note: Two samples from your routine distribution log that have been processed since your last audit will be reviewed. The Microbiology Auditor will audit the sample log (COC) and bacteriological report form, copy of QC log for pH, conductivity, balance, autoclave, and media, incubator, bottles (trays), supply receipt log, etc. for the sample.

<b>SAMPLE AUDITED</b>	<b>SAMPLE DATA</b>	<b>SAMPLE / QC RESULTS</b>
<b>CHAIN OF CUSTODY</b>		
Date & Time Collected		
Date & Time Received-lab		Storage:
Date & Time Processed		
Date & Time Read		
<b>Sample Log #</b>		
Analyst Performing Analysis		
Sample Method	KY Code:	
Sample Results		
Total Coliform Result		
<i>E. coli</i> Result		
Analyst/Date/Time Read		
<b>BARF Form/Electronic Submittal</b>		
<b>Total Coliform Report Form</b>		
<b>Action Response to Positive Sample</b>		
Persons Notified		
Analyst Reporting Positive		
Coliform Media		
Lot/Batch #	18: 24:	
Date Received/Prepared		pH
Expiration Date		
Date +/- Controls Performed on Lot	Date/Time Incubated:	Date/Time Read:
Analyst Performing Control Check		
<b>Sterile Water</b>		Vendor:
Lot/Batch #		
Date Received/Autoclaved		
Sterility Check	Date/Time Incubated:	Date/Time Read:
TSB ds Lot/Batch #		
Date Received/Autoclaved for TSB ds		
Sterility Check for TSB ds	Date/Time Incubated:	Date/Time Read:
pH Check of TSB ds		pH:
<b>Buffer Rinse Water</b> (MF method)		Vendor:
Lot/Batch #		
Date Received/Autoclaved		

**SAMPLE #1**

SAMPLE AUDITED	SAMPLE DATA	SAMPLE / QC RESULTS
<b>Buffer Rinse Water</b> (continued) Expiration Date		
Sterility Check of BRW	Date/Time Incubated:	Date/Time Read:
pH Check of BRW		pH:
TSB ds used to QC BRW Lot/Batch #		Vendor:
Date Received/Autoclaved TSB ds		
Sterility Check of TSB ds	Date/Time Incubated:	Date/Time Read:
pH Check of TSB ds		pH:
<b>Membrane Filter</b> Lot#		
Date Received		
Expiration Date		
Sterility Check	Date/Time Incubated:	Date/Time Read:
+/- Control Results		
TSB ss Lot/Batch #		Vendor:
Date TSB Autoclaved/Received		
Sterility Check of TSB ss	Date/Time Incubated:	Date/Time Read:
pH Check of TSB		pH:
<b>Colilert MPN Tray</b> Lot#		
Date Received		
Expiration Date		
Sterility Check	Date/Time Incubated:	Date/Time Read:
TSB ss Lot/Batch #		Vendor:
Date TSB Autoclaved/Received		
Sterility Check of TSB ss	Date/Time Incubated:	Date/Time Read:
pH Check of TSB		pH:
<b>Tray Sealer</b>	Serial #	
Date of Dye Check		Result:
Lot # of Trays		
<b>Sample Bottle</b>	Lot#	Vendor:
Date Received/Autoclaved		
Expiration Date		
Sterility Check	Date/Time Incubated:	Date/Time Read:
TSB ss Lot/Batch #		Vendor:
Date TSB Autoclaved/Received		
Sterility Check of TSB ss	Date/Time Incubated:	Date/Time Read:
pH Check of TSB		pH:

**SAMPLE #1**

<b>SAMPLE AUDITED</b>	<b>SAMPLE DATA</b>	<b>SAMPLE / QC RESULTS</b>
<b>Chain of Custody for Repeat Samples</b>		
Date/ Time Collected		
Date/Time Received		Storage:
Date/Time Processed		
Date/Time Read		
<b>Results of Repeat Samples</b>		
Total Coliform Result		
<i>E. coli</i> Result		
Analyst/Date/Time Read		
<b>BARF Form/Electronic Submittal</b>		
<b>Total Coliform Report Form</b>		
<b>Action Response to Repeat Samples</b>		
Persons Notified		
Analyst Reporting Result		

<b>Quality Control Organisms</b>	<b>ATCC #</b>	<b>Genus/species</b>	<b>Lot #</b>
<i>E. coli</i>			
Total coliform			
Non-coliform			
Vendor			
Kovacs Reagent/Lot #			

**SAMPLE #1**

<b>EQUIPMENT QC for Sample Audited</b>	<b>SAMPLE DATA</b>	<b>SAMPLE QC/RESULTS</b>
<b>pH Meter</b>		
Lot #/Result of Reading for 4.0		
Lot #/Result of Reading for 7.0		
Lot #/Result of Reading 10.0		
% Slope		
Analyst/Date QC Performed		
<b>Conductivity Meter</b>		
Conductivity Standard	Vendor: Lot #	Concentration:
Result of Standard Reading		
Analyst/Date QC Performed		
<b>Autoclave</b>		
Quarter Time Check Result	15min:	45min:
MRT	Date:	Temperature:
Bioindicator	Lot #	Results:
Bioindicator Incubator Temperature	Day 1:	Day 2:
<b>Balance</b>		
Monthly Calibration Date/Analyst:		
Reference Weight Certification Date:		Serial #
<b>Lab Pure Water</b>		
Monthly HPC	Date/Time Read:	Result:
Lot/Batch of HPC Medium		
Received/Autoclaved Date for HPC		
Sterility Check of HPC	Date/Time Incubated:	Date/Time Read:
pH Check of HPC		pH
Chlorine Reading	Date:	Result:                  Analyst:
	Standard:                  ppm	Lot:
Conductivity Reading	Date:	Result:                  Analyst:
	Standard:	Lot:
<b>Incubator (35°C)</b>		
Temperature Readings	Date/Time1: Time2:	Temp:                  Analyst: Temp:                  Analyst:
<b>Incubator (44.5°C)</b>	Date/Time:	Temp:
<b>Refrigerator (1-5°C)</b>	Date/Time:	Temp:
<b>Longwave UV Lamp</b>	Initial Reading: $\mu\text{W}/\text{cm}^2$	Date:                  Analyst:
	QC Reading: $\mu\text{W}/\text{cm}^2$	Date:                  Analyst:
UV meter	Model:	Date Certified:
<b>Monthly QC of Method</b>	Date:	Analyst:

**SAMPLE #2**  
**SAMPLE AUDIT**

<b>Laboratory</b>		<b>Lab Number</b>	
<b>Date</b>		<b>Analyst</b>	

**Note:** Two samples from your routine distribution log that have been processed since your last audit will be reviewed. The Microbiology Auditor will audit the sample log (COC) and bacteriological report form, copy of QC log for pH, conductivity, balance, autoclave, and media, incubator, bottles (trays), supply receipt log, etc. for the sample.

SAMPLE AUDITED	SAMPLE DATA	SAMPLE / QC RESULTS
<b>CHAIN OF CUSTODY</b>		
Date & Time Collected		
Date & Time Received-lab		Storage:
Date & Time Processed		
Date & Time Read		
<b>Sample Log #</b>		
Analyst Performing Analysis		
Sample Method	KY Code:	
Sample Results		
Total Coliform Result		
<i>E. coli</i> Result		
Analyst/Date/Time Read		
<b>BARF Form/Electronic Submittal</b>		
<b>Total Coliform Report Form</b>		
<b>Action Response to Positive Sample</b>		
Persons Notified		
Analyst Reporting Positive		
Coliform Media Lot/Batch #	18: 24:	
Date Received/Prepared		pH
Expiration Date		
Date +/- Controls Performed on Lot	Date/Time Incubated:	Date/Time Read:
Analyst Performing Control Check		
<b>Sterile Water</b>		Vendor:
Lot/Batch #		
Date Received/Autoclaved		
Sterility Check	Date/Time Incubated:	Date/Time Read:
TSB ds Lot/Batch #		
Date Received/Autoclaved for TSB ds		
Sterility Check for TSB ds	Date/Time Incubated:	Date/Time Read:
pH Check of TSB ds		pH:
<b>Buffer Rinse Water</b> (MF method)		Vendor:
Lot/Batch #		
Date Received/Autoclaved		

**SAMPLE #2**

SAMPLE AUDITED	SAMPLE DATA	SAMPLE / QC RESULTS
<b>Buffer Rinse Water</b> (continued)		
Expiration Date		
Sterility Check of BRW	Date/Time Incubated:	Date/Time Read:
pH Check of BRW		pH:
TSB ds used to QC BRW Lot/Batch #		Vendor:
Date Received/Autoclaved TSB ds		
Sterility Check of TSB ds	Date/Time Incubated:	Date/Time Read:
pH Check of TSB ds		pH:
<b>Membrane Filter</b>		
Lot#		
Date Received		
Expiration Date		
Sterility Check	Date/Time Incubated:	Date/Time Read:
+/- Control Results		
TSB ss Lot/Batch #		Vendor:
Date TSB Autoclaved/Received		
Sterility Check of TSB ss	Date/Time Incubated:	Date/Time Read:
pH Check of TSB		pH:
<b>Colilert MPN Tray</b>		
Lot#		
Date Received		
Expiration Date		
Sterility Check	Date/Time Incubated:	Date/Time Read:
TSB ss Lot/Batch #		Vendor:
Date TSB Autoclaved/Received		
Sterility Check of TSB ss	Date/Time Incubated:	Date/Time Read:
pH Check of TSB		pH:
<b>Tray Sealer</b>	Serial #	
Date of Dye Check		Result:
Lot # of Trays		
<b>Sample Bottle</b>	Lot#	Vendor:
Date Received/Autoclaved		
Expiration Date		
Sterility Check	Date/Time Incubated:	Date/Time Read:
TSB ss Lot/Batch #		Vendor:
Date TSB Autoclaved/Received		
Sterility Check of TSB ss	Date/Time Incubated:	Date/Time Read:
pH Check of TSB		pH:

**SAMPLE #2**

<b>SAMPLE AUDITED</b>	<b>SAMPLE DATA</b>	<b>SAMPLE / QC RESULTS</b>
<b>Chain of Custody for Repeat Samples</b>		
Date/ Time Collected		
Date/Time Received		Storage:
Date/Time Processed		
Date/Time Read		
<b>Results of Repeat Samples</b>		
Total Coliform Result		
<i>E. coli</i> Result		
Analyst/Date/Time Read		
<b>BARF Form/Electronic Submittal</b>		
<b>Total Coliform Report Form</b>		
<b>Action Response to Repeat Samples</b>		
Persons Notified		
Analyst Reporting Result		

<b>Quality Control Organisms</b>	<b>ATCC #</b>	<b>Genus/species</b>	<b>Lot #</b>
<i>E. coli</i>			
Total coliform			
Non-coliform			
Vendor			
Kovacs Reagent/Lot #			

**SAMPLE #2**

<b>EQUIPMENT QC for Sample Audited</b>	<b>SAMPLE DATA</b>	<b>SAMPLE QC/RESULTS</b>
<b>pH Meter</b>		
Lot #/Result of Reading for 4.0		
Lot #/Result of Reading for 7.0		
Lot #/Result of Reading 10.0		
% Slope		
Analyst/Date QC Performed		
<b>Conductivity Meter</b>		
Conductivity Standard	Vendor: Lot #	Concentration:
Result of Standard Reading		
Analyst/Date QC Performed		
<b>Autoclave</b>		
Quarter Time Check Result	15min:	45min:
MRT	Date:	Temperature:
Bioindicator	Lot #	Results:
Bioindicator Incubator Temperature	Day 1:	Day 2:
<b>Balance</b>		
Monthly Calibration Date/Analyst:		
Reference Weight Certification Date:		Serial #
<b>Lab Pure Water</b>		
Monthly HPC	Date/Time Read:	Result:
Lot/Batch of HPC Medium		
Received/Autoclaved Date for HPC		
Sterility Check of HPC	Date/Time Incubated:	Date/Time Read:
pH Check of HPC		pH
Chlorine Reading	Date:	Result:                  Analyst:
	Standard:                  ppm	Lot:
Conductivity Reading	Date:	Result:                  Analyst:
	Standard:	Lot:
<b>Incubator (35°C)</b>		
Temperature Readings	Date/Time1: Time2:	Temp:                  Analyst: Temp:                  Analyst:
<b>Incubator (44.5°C)</b>	Date/Time:	Temp:
<b>Refrigerator (1-5°C)</b>	Date/Time:	Temp:
<b>Longwave UV Lamp</b>	Initial Reading: $\mu\text{W}/\text{cm}^2$	Date:                  Analyst:
	QC Reading: $\mu\text{W}/\text{cm}^2$	Date:                  Analyst:
UV meter	Model:	Date Certified:
<b>Monthly QC of Method</b>	Date:	Analyst:

## PRE-AUDIT QC CHECKLIST FOR NEW LABS

<b>Laboratory</b>		<b>Lab Number</b>	
<b>Lab Supervisor</b>		<b>Analyst</b>	

**Please submit a photocopy of LAST TWO PAGES OF EACH QC LOG to the Microbiology Auditor prior to the on-site audit (ONLY for NEW labs or labs applying for RECERTIFICATION, i.e., those laboratories that have been downgraded to “Provisionally Certified”, “Not Certified” or “Inactive” Status): Please place an X beside each item submitted.**

- \_\_\_\_\_ Conductivity Meter
- \_\_\_\_\_ pH Meter
- \_\_\_\_\_ Balance
- \_\_\_\_\_ Waterbath (44.5°±0.2C)
- \_\_\_\_\_ Incubator (35°C)
- \_\_\_\_\_ Incubator (Bioindicator 55-60°C)
- \_\_\_\_\_ Refrigerator/Coldroom(1-5°C)
- \_\_\_\_\_ Autoclave
  - \_\_\_\_\_ a. Quarterly Time Check
  - \_\_\_\_\_ b. Monthly Bioindicator
  - \_\_\_\_\_ c. Sterilization log
- \_\_\_\_\_ Quarterly Check of 6 Watt Lamp
- \_\_\_\_\_ Quarterly Check of Germicidal UV Lamp
- \_\_\_\_\_ Monthly QC of Reagent Grade Water
  - \_\_\_\_\_ a. HPC (<500 CFU/mL)/QC of HPC Media
  - \_\_\_\_\_ b. Conductivity
  - \_\_\_\_\_ c. Total Cl Residual
- \_\_\_\_\_ Sterility Check of Buffered Rinse Water/QC of DS TSB/AUTOCLAVE RECORD
- \_\_\_\_\_ Sterility Check of Sterile Water (Enzyme Substrate)/QC of DS TSB/AUTOCLAVE RECORD
- \_\_\_\_\_ Sterility Check for Membrane Filters/QC OF SS TSB
- \_\_\_\_\_ Sample Bottles
  - \_\_\_\_\_ a. Volume Check (100 mL)
  - \_\_\_\_\_ b. Sterility Check /QC of SS TSB
  - \_\_\_\_\_ c. Fluorescent Check
- \_\_\_\_\_ Quanti Trays
  - \_\_\_\_\_ a. Sterility Check/QC of SS TSB
  - \_\_\_\_\_ b. Fluorescent Check
- \_\_\_\_\_ Volume Check of MF Funnels
- \_\_\_\_\_ Commercial/Lab Prepared Media/AUTOCLAVE RECORD
  - \_\_\_\_\_ a. Sterility Check
  - \_\_\_\_\_ b. pH Check
  - \_\_\_\_\_ c. QC w/Control organisms
- \_\_\_\_\_ Monthly QC of Method
- \_\_\_\_\_ pH Check of Glassware/Plastic ware
- \_\_\_\_\_ Monthly Transfer of Stock Cultures

**Please submit the laboratory supplies receipt log and invoices or packing slips to the microbiology auditor to document lab receipt of the following supplies where appropriate: Please place an X beside the items submitted to the auditor.**

- \_\_\_\_\_ Commercially Prepared Media (enzyme substrate, m-Endo, Coliscan, LTB, Simplate, etc)
- \_\_\_\_\_ Dehydrated Media
- \_\_\_\_\_ Biochemical ID Systems/Supplies (i.e., Enterotube, API, etc.)
- \_\_\_\_\_ Kovacs Reagent
- \_\_\_\_\_ Bioindicator
- \_\_\_\_\_ Conductivity Standard
- \_\_\_\_\_ pH Buffers
- \_\_\_\_\_ Commercial Stock Cultures
- \_\_\_\_\_ Sample Bottles
- \_\_\_\_\_ Pipets
- \_\_\_\_\_ pH/Conductivity Probes
- \_\_\_\_\_ Petri Plates for MF/HPC Methods
- \_\_\_\_\_ Thermometers
- \_\_\_\_\_ Other

**Note:** Send copy of lab receipt log enumerating supplies received since the last audit.  
Invoices/packing slips may be included with Pre-Audit packet or presented to Microbiology Auditor during the on-site audit.

**Photocopies of new certificates/QC forms since the last audit must be sent to the microbiology auditor prior to the on-site audit. Please place an X beside each item submitted to the auditor.**

- \_\_\_\_\_ Reference Weights
- \_\_\_\_\_ Reference Thermometer
- \_\_\_\_\_ Incubator Thermometer
- \_\_\_\_\_ Refrigerator Thermometer
- \_\_\_\_\_ MRT (maximum registering temperature) Thermometer
- \_\_\_\_\_ 44.5° Waterbath Thermometer
- \_\_\_\_\_ Annual Calibration of Thermometer
- \_\_\_\_\_ Annual Calibration of Balance
- \_\_\_\_\_ Annual Check of Autoclave
- \_\_\_\_\_ MF membrane (Certificate of Analysis)
- \_\_\_\_\_ Trace Metals for RGW
- \_\_\_\_\_ Bactericidal Suitability (if applicable)
- \_\_\_\_\_ Inhibitory Residue Test
- \_\_\_\_\_ PT Results for Method(s) Certified
- \_\_\_\_\_ Signature Page for Analysts
- \_\_\_\_\_ LT2ESWTR E.coli Enumeration Method Approved by KY/USEPA

## QUALITY CONTROL PARAMETERS PERFORMED

WHAT	HOW OFTEN
Lab Pure Water (Chlorine, Conductivity, pH, HPC)	Monthly
Lab Pure Water (Metals: Cd, Cr, Cu, Ni, Pb, Zn)	Annually
Bactericidal Suitability (not required for Type 1 or Type 2 Reagent Grade Water)	Annually
Conductivity Meter Check	Monthly using a low-level conductivity standard
Balance Check (ASTM Type 1,2 & 3 weights)	Monthly
pH Meter Calibration	Each Use
pH Linearity (Slope 95-105%)	Monthly
UV Lamp (shortwave 254nm)	Quarterly
UV Lamp (longwave 365-366nm)	Quarterly or Monthly
Autoclave (maximum registering thermometer)	Each Use
Autoclave Timer (15 min time check)	Quarterly
Autoclave Ampule/Bioindicator	Monthly
Incubator Temperature	Twice Daily
Refrigerator Temperature	At least once/day
Positive & Negative Media Controls	Each lot/batch of media
Colilert MPN Trays/Bottles	Each lot/batch
Sample Bottle Sterility & Fluorescence (Colilert)	Each lot/batch
Colilert Sealer (for leaks using dye)	Monthly
Equipment Inspection	Annually
Balance Service	Annually
Reference Weights	5 years
Non-Reference Weights	6 months
Reference NIST Thermometer	5 years
Glass Non-Reference Thermometers	Annually
PT Samples	Annually
Review QA Plan and SOP's	Annually

## **STORAGE OF MATERIALS\***

<b>WHAT</b>	<b>WHERE</b>	<b>HOW LONG</b>
<b>BHI or TSB (prepared)</b>	<b>Refrigerator</b>	<b>3 months</b>
<b>Colisure</b>	<b>Refrigerator</b>	<b>Manufacturer's Date</b>
<b>Colilert/ReadyCult</b>	<b>Room Temperature (in dark)</b>	<b>Manufacturer's Date</b>
<b>Bottles of Dehydrated Media (unopened)</b>	<b>Room Temperature</b>	<b>Manufacturer's Date or 2 years</b>
<b>Bottles of Dehydrated Media (opened)</b>	<b>Room Temperature (stored upside down)</b>	<b>Manufacturer's Date or 6 months</b>
<b>Bottles of Dehydrated Media (in dessicator/opened)</b>	<b>Room Temperature (stored upside down)</b>	<b>Manufacturer's Date or 1 year</b>
<b>Tube Media (prepared in-house); screw-cap</b>	<b>Refrigerator</b>	<b>3 months</b>
<b>Tube Media (commercially prepared)</b>	<b>Refrigerator</b>	<b>Manufacturer's Date</b>
<b>pH Buffers (opened)</b>	<b>Room Temperature</b>	<b>Manufacturer's Date</b>
<b>Chemical Reagents</b>	<b>Room Temperature</b>	<b>6 Years</b>

\*SM 9020B, 20<sup>th</sup> Ed., 1998.